

Check One: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Termination			1991 FORM 501
Candidate Information FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE) <u>ZANE, THOMAS MICHAEL</u>			Office Use Only
ADDRESS (NO. AND STREET) <u>2310 W. TOKAY ST.</u>		AREA CODE/DAYTIME PHONE <u>(209) 369-8591</u>	
CITY <u>LODI</u>	STATE <u>CA.</u>	ZIP CODE <u>95242</u>	

I Specific Office Sought

SPECIFIC OFFICE: <u>MEMBER, CITY COUNCIL</u>	DISTRICT NUMBER	DATE OF ELECTION <u>11-3-92</u>
PUBLIC AGENCY NAME: <u>CITY OF LODI</u>		
JURISDICTION AND LOCATION: <input type="checkbox"/> State <input type="checkbox"/> County of: <input checked="" type="checkbox"/> City of: <u>LODI</u>		
<input type="checkbox"/> Multi-County Jurisdiction:		

II Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-1-92 At LODI, CA. By Thomas M. Zane
DATE CITY AND STATE SIGNATURE OF CANDIDATE
FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT
State of California Fair Political Practices Commission.

Campaign Bank Account

Type or Print in Ink

CAMPAIGN BANK ACCT.

Check One: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Termination			CALIFORNIA 1991 FORM 502
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CITY <u>LODI</u>	STATE <u>CA.</u>	ZIP CODE <u>95242</u>	
SPECIFIC OFFICE SOUGHT: <u>MEMBER, LODI CITY COUNCIL</u>			
			DATE OF ELECTION <u>11-3-92</u>

I Account Information

FINANCIAL INSTITUTION: <u>FARMERS + MERCHANTS BANK - VINEYARD BRANCH</u>			ACCOUNT NUMBER <u>00166367</u>
ADDRESS (NO. AND STREET) <u>121 W. PINE ST.</u>		AREA CODE/PHONE NUMBER <u>(209)</u>	DATE OPENED <u>7-27-92</u>
CITY <u>LODI</u>	STATE <u>CA.</u>	ZIP CODE <u>95240</u>	

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